



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-1919
Web: www.stpaul.gov/dsi

364

May 5, 2011

Susan L Mckenzie
1030 Walsh St
St Paul MN 55106-3137

Dear Susan L Mckenzie, and others, if listed:

On May 5, 2011, this department conducted an inspection of your property at **1030 WALSH ST** and because **you were not compliant with a previous order**

Deficiency: Exterior - (Includes all except 6,7,8,9 & 11)

YOU ARE BEING BILLED \$75.00 for the cost of this inspection. This is in accordance with Chapter 34.24 of the Saint Paul Legislative Code. Payment is due upon receipt of this letter. Make your check payable to the "City of Saint Paul" and mail your payment to:

Department of Safety and Inspections, Code Enforcement
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

If you do not pay within 30 days

the amount of this bill, plus administrative costs, will be assessed to your property taxes.

NOTICE

Your property is next scheduled for a REINSPECTION on

May 13, 2011

WARNING

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, May 13, 2011, YOU WILL BE BILLED AN ADDITIONAL \$150.00 . CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Paula Seeley, at 651-266-1916

Paula Seeley
Code Enforcement Inspector

cc60169 6/10

City of Saint Paul, Department of Department of Safety and Inspections

May 5, 2011

EXCESSIVE CONSUMPTION
INVOICE # 904913

File #: 10-925722
Property Address: 1030 WALSH ST
Property PIN: 292922140078
Owner Name: Susan L Mckenzie

<u>Fee Description</u>	<u>Amount</u>
Excessive Consumption \$75 Fee	\$ 75.00

Payment is due upon receipt of this letter.

Failure to pay within 30 days will result in this amount being assessed to your property taxes.

Make your check payable to the ACity of Saint Paul@.

Send payment to:

Department of Safety and Inspections
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

Keep this portion for your records: Date Paid: _____ Amt Paid: _____

Ck or M.O. # _____

364

Deficiency: Exterior - (Includes all except 6,7,8,9 & 11)

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RETURN this portion with your payment

City of Saint Paul, Department of Department of Safety and Inspections, Code Enforcement Division

EXCESSIVE CONSUMPTION PAYMENT

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RETURN THIS PORTION WITH YOUR PAYMENT